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'[O:	Examiner S. Rao		
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FROM:	Thomas F. Bergert, Esq.		
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ATTORNEY/USER ID #:	T. Bergert/1086		
CLIENT/MATTER #:	040106.0015		
SUBJECT:	U.S. Patent Application Serial No. 10/808,227		
	Inventor: O'Donnell et al.		
NUMBER OF PAGES			
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid QMB control number Complete if Known Effective on 12/08/2004. Feus pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). RECEIVEL 10/808 Application Number laren 24,2004 CENTRAL FAX CENTER Filing Date For FY 2007 O Donnell First Named Inventor Examiner Name 2125 Applicant claims small entity status. See 37 CFR 1.27 Rav Art Unit TOTAL AMOUNT OF PAYMENT Attorney Docket No. *0*401012 0015 METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): (1), lliams Mullen 50-0766 Deposit Account Deposit Account Number:\_ Deposit Account Name For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form, Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** FILING FEES SEARCH FEES Small Entity Small Entity Small Entity Fees\_Paid (\$) Fee (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) 200 100 300 500 Utility 150 250 200 100 100 50 65 i)esign 200 300 160 80 Plant 100 150 500 600 300 300 250 150 **⊰eissu**≥ 200 0 100 0 Provisional Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Extra Claims Fee (\$) Total Claims Foo Pald (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) Indep Claims - 3 or HP = HP = highest number of Independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 

SUBMITTED BY		0:0			
Signature	Krome	of. Berl	Registration No. (Attorney/Agent)	38,076	Telephone 703-760-520
Name (Print/Typ	1) Thomas F	Bergert 1			Date 5/10/07

/ 50 =

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